

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/786719	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3	1		1				53					
4	1		1				54					
5		1		1			55					
6		2		1			56					
7		2		1			57					
8		2		1			58					
9		2		1			59					
10	1		1				60					
11		1		1			61					
12		1		1			62					
13		3		1			63					
14		3		1			64					
15		3		1			65					
16		3		1			66					
17		3		1			67					
18		3		1			68					
19	(1)			1			69					
20	(1)			1			70					
21	1		1				71					
22	1		1				72					
23	2		1				73					
24	2		1				74					
25	1		1				75					
26	2		1				76					
27	2		1				77					
28	2		1				78					
29	2		1				79					
30	1		1				80					
31	1		1				81					
32	(1)		1				82					
33	1		1				83					
34	3		1				84					
35	1		1				85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6		5				TOTAL IND.					
TOTAL DEP.	53		29				TOTAL DEP.					
TOTAL CLAIMS	59		35				TOTAL CLAIMS					